



# City of Brockton

## Parking Authority

JAMES E. HARRINGTON  
MAYOR

DAVID FARRELL  
EXECUTIVE DIRECTOR

### Application Parking Garage/Parking Lots Monthly Pass

Name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Employer: \_\_\_\_\_

Work phone number: \_\_\_\_\_

Home phone number: \_\_\_\_\_

Current Registration/s: \_\_\_\_\_

Permit Number: \_\_\_\_\_

*Please bring this application to garage office with a copy of your registration.*

*\*\*\*Note for garage permits you will need a \$5.00 check for administration fee.*

***Check or money order only no cash.***

*"City of Champions"*

BROCKTON CITY HALL ■ 60 SCHOOL STREET ■ BROCKTON, MASSACHUSETTS 02301  
TEL: (508) 580-7840 FAX: (508) 587-1340

*parking@ci.brockton.ma.us*